Effective January 1, 2003 [0 - 657 - 686													
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL				THAN		
TOTAL CLAIMS			19				RATE	FEE	7	RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA		BASIC F	EE 375.00	OR	BASIC FEE	750.00	1	
TOTAL CHARGEABLE CLAIMS			19 minus 20=		• 0		X\$ 9=		OR	X\$18=			
INDEPENDENT CLAIMS			3 minus 3 =		. 0		X42=		1	304			
MULTIPLE DEPENDENT CLAIM PRESENT							-		OR				
* If the difference in column 1 is less than zero, enter "0" in column 2							+140:	4	JOR	+280=			
words							TOTA	<u> </u>	OR	TOTAL	750		
(Column 1) (Column 2) (Column 3)							SMAL	L ENTITY	OR	OTHER			
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	EST BER SUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		PATE	ADDI- TIONAL FEE		
	Total	. 25	Minus	m 2	0	• 5 ⁻	X\$ 9=		OR	X\$18=	9000	Pil	
AME	Independent	• 3	Minus		3	•	X42=		OR	X84=	f		
L	FIRST PRESE	ENTATION OF M	ULTIPLE DE	PENDENT	CLAIM		+140=		OR	+280=			
							101/	<u>u</u>	•	TOTAL			
(Column 1) (Column 2) (Column 3)													
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	est Ber Busly	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
3	Total	. 24	Minus	* 2	25		X\$ 9=		OR	X\$18=	,		
ME	Independent	• 4	Minus	484	3	- /	X42=	-	OR	260 X84≃	20000		
L	FIRST PRESE	NTATION OF MI	JLTIPLE DE	PENDENT	CLAIM			+	1		200		
							+140=		OR	+280=			
							ADDIT. FE		OR	ADDIT. FEE			
		(Column 1) CLAIMS		(Colum		(Cotumn 3)							
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMI PREVIO PAID I	BER SUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
Ş	Total	*	Minus	**		-	X\$ 9=		OR	X\$18=			
AME	Independent	•	Minus	444		•	X42=	1	OR	X84=			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM													
* If the entry in column 1 is less than the entry in column 2, write "O" in column 3.										+280=			
***	"If the "Highest Number Previously Paid For" (Notal or Independent) is the highest number found in the appropriate box in column 1. TOTAL ADDIT. FEE OF TOTAL ADDIT. FEE The "Highest Number Previously Paid For" (Total or Independent) is the highest number tound in the appropriate box in column 1.												
FOOL	PTO STE COM 1	2000	anamanan Balanta	- Office 0000	400 4546	2044		lamada Odina I			COMMEDIC		

Application or Docket Number